| BEST AVAILABLE COPY Application of Docket Number | | | | | | | | | | | | | |
|--|---|---------------------------------|----------------------|-----------------------|-------------------------|---------------------------|-----|--|------------------------|--------------|------------|------------------------|--|
| THE REPORT OF THE PERSON OF TH | | | | | | | | | | | | | |
| | Effective October 1, 2000 09 86654/ | | | | | | | | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | | | |
| TO | TAL CLAIMS | | 43 | | Constant | | | RATE | FEE | | RATE | FEE | |
| FO | | | MINNER FILED | | NUMBER EXTRA | | | BASIC FEE | 355.00 | OR | DASIC FEE | 710.00 | |
| TO | TAL CHARGEA | BLE CLAIMS | (3 minus 20- | | 23 | | | X3 9- | | OR | X\$18= | HH.W | |
| IND | EPENDENT CL | AIMS | 6 minus 3 = | | . 3 | | | X40= | | OR | Xė0= | 210. | |
| MU | LTIPLE DEPEN | DENT CLAIM P | RESENT | | | | | +135= | | | +270= | ar. | |
| " If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | | OR | TOTAL | rder or | |
| TOTAL OTHER THAN | | | | | | | | | | | | | |
| 2 7 22 - 05 (Cotumn 1) (Cotumn 2) (Cotumn 3) SMALL ENTITY OR SMALL ENTITY | | | | | | | | | | | | | |
| Ĭ | | CLAMS REMADENG | | | BER OUSLY | PRESENT | | RATE | ADDI- TIONAL | | RATE | ADDI- TIONAL | |
| KEK | · · | AFTER AMENDMENT | | | FOR | EAIRA | | | FEE | | | FEE | |
| AMENDMENTACK | Total | 66 | Minus | ••/ 7 | <u></u> | • - | | X\$ 9= | | OR | X\$18= | | |
| AME | Independent | * 1010 NTATION OF M | Minus ULTIPLE DES | ENDEN | T CLAIM | | 1 | X40= | | OR | XIO. | 504 | |
| | | | | | | | 3 | +135= | | OR | +270= | | |
| _ · | | | | | | | | TOTAL ADOIT. FEE | | OR | ADDIT, FEE | 504 | |
| 8 | 8-3-05 (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| 9 | | REMAINING AFTER | | NUI | MBER HOUSLY | PRESENT | 1 | RATE | ADDI- TIONAL | | RATE | ADDI- TIONAL | |
| AMENDMENT | | AMENDMENT | Maria | | FOR F:/ | . 0 | 1 | | FEE | . | X\$18= | FEE | |
| | Total Independent | • 10 | Minus | | 56 19 | . 8 | 4 | X\$ 9= | - | OR | | 180 | |
| ₹ | FIRST PRESENTATION OF MULTIPLE | | | | | | | X40= | | OR | | 252 | |
| | | | | | | | _ | +135= | | OR | | | |
| ADOIT, FEE OR ADOIT, FEE 432 | | | | | | | | | | | | | |
| 3/6/0 (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | | PREV | MBER ROUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| È | Total | .60 | Minus | - / | 26 | | 2 | X\$ 9- | | OR | X\$18= | | |
| E | Independent | 1.72 | Minus | ••• | 17 | | 4 | X40= | | OR | X80= | | |
| | FIRST PRESI | ENTATION OF A | NULTIPLE DE | | | 3.65 | | +135= | | OR | | | |
| ? | If the entry in col | umn 1 is less than | the entry in col | uma 2, wi IS SPACE | te to the | Armo 3. In 20, embr "2 | o / | YOTAL ADDIT, FEE | 2 | OR | YOYA | | |
| - | THE NAME OF PERSONS ASSESSED. | umber Previously | oam Ear in th | IS SPACE | Fire transfer Dis | m 1 mm 7 | - | | | out in c | | | |